

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000669

FILED JAN 16 1962 55

Registration District No.

Primary Registration District No. 3011

Registrar's No.

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Bosworth b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		c. CITY OR TOWN Bosworth	
Length of stay in 1b 37		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Roll First E Middle Purdy		4. DATE OF DEATH Jan. 7, 1962 7 Day 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-17-1888
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months 6 Days 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leban		10b. KIND OF BUSINESS OR INDUSTRY Carroll	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ed Purdy		13b. MOTHER'S MAIDEN NAME Sarah Kimman	
14. NAME OF HUSBAND OR WIFE Myrtle Purdy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give NO or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Myrtle Purdy Bosworth MO.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Parkinson's Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 48 hrs 4 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:30 A.M. Month, Day, Year 12-5-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 5M.S.W. Bosworth MO COUNTY Carroll STATE MO	
21. I attended the deceased from 12-5-61 to 1-7-62 and last saw him alive on 1-7-62 Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leipard E. Smith M.D.		22b. ADDRESS 107th. 9th St. Carrollton, Mo	
22c. DATE SIGNED 1-11-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1-10-1962		23c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery	
23d. LOCATION (City, town, or county) 5M.S.W. Bosworth MO		23e. DATE RECD. BY LOCAL REG. 1-11-62	
24. FUNERAL DIRECTOR ADDRESS Leipard-Edwards Bosworth MO		25. REGISTRAR'S SIGNATURE Mr. Terrence Palmer	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~only~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.